



Illinois Department of Revenue

CMFT-2-X Amended Multiple-Site Form

Attach to Form CMFT-1-X.

Rev 01
Form 027

Do not write above this line.

Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ____/____/____ through ____/____/____
Month Day Year Month Day Year

You must round your figures to whole dollars. See instructions.

Site where taxable retail sales were made:

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

Column A
Number of taxable gallons

Column B
Amount of Tax

4 _____ X \$.04 = 5 _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

4 _____ X \$.04 = 5 _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

4 _____ X \$.04 = 5 _____

Location code _____
Site name _____
Site address _____
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Location code _____
Site name _____
Site address _____
City, state, ZIP _____

4 _____ X \$.04 = 5 _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

4 _____ X \$.04 = 5 _____

This form is authorized by the County Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-2462